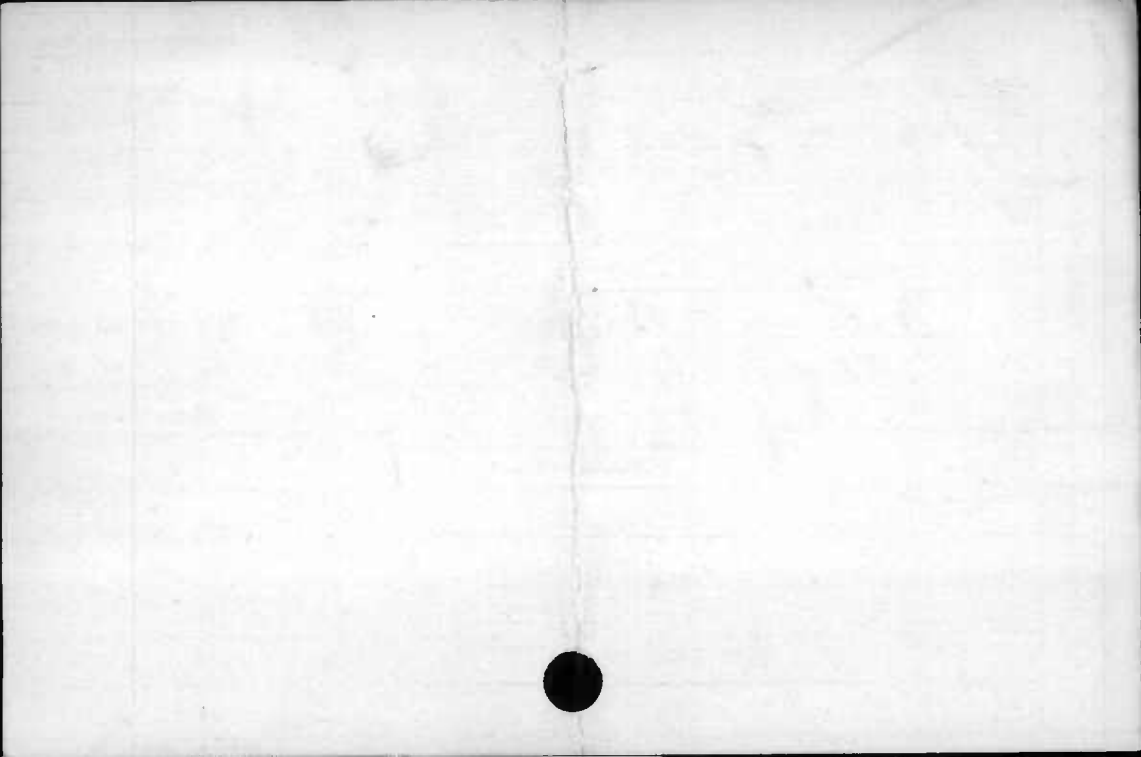
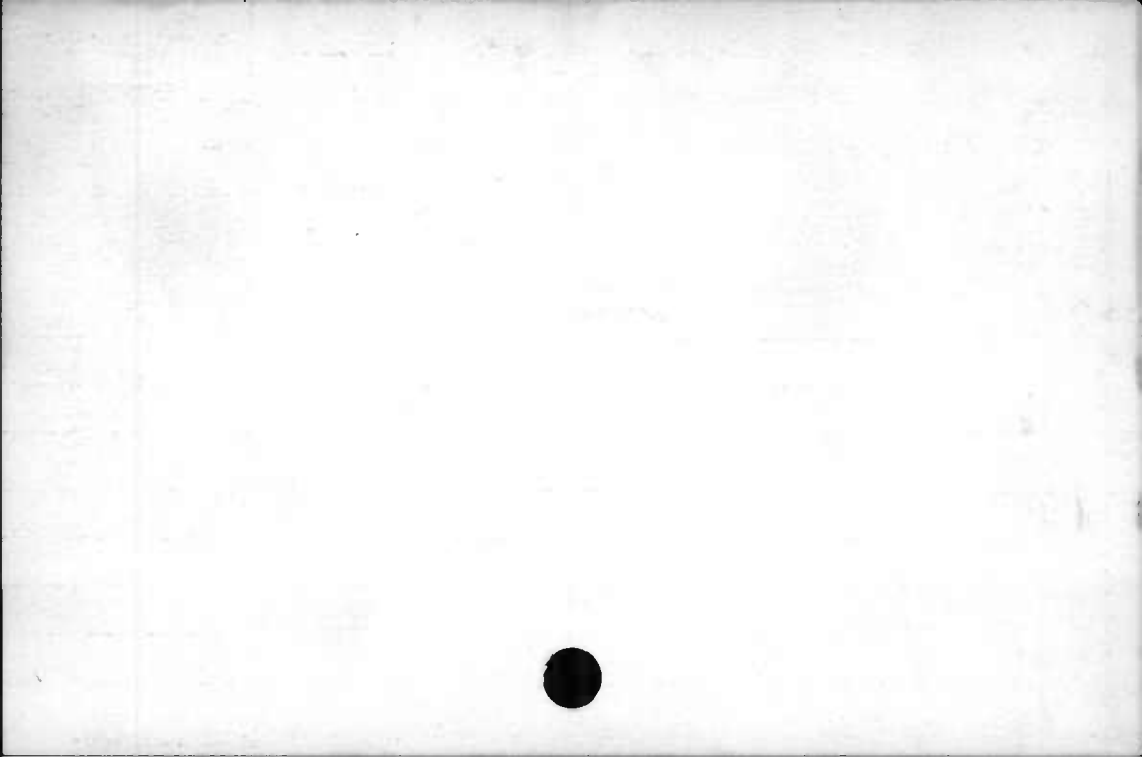


Name in Full		Mary Jane Amos				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Pylesville		County Harford		MARYLAND	
	Date of death		1906	Month 20 month	Day 27	Age 76.		Months —
	Sex Female		Color or Race White		Birth-place Harford Co			
	Occupation Housewife		Where Residing if not at place of death Harford					
	Married, Single or Widowed widowed		Name of Wife or Husband John A. Amos					
	Father's Name Nathan Glenn				Father's Birthplace Harford Md			
	Mother's Maiden Name Elizabeth Butler				Mother's Birthplace Harford Md			
Name of person giving information Nathan J. Amos		How related to deceased son						
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Cerebral trouble			How long	2 months	
	Immediate		Involuntary prostration			How long	2 weeks	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician Wm. B. Hayward M.D.			
	Place Pylesville		Address Harford Co Md					
	Accident or Suicide?							



Name in Full		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Harre de Grace</i>		Town <i>Harford</i>		County		
	Date of death <i>1906</i>		Month <i>2</i>	Day <i>24</i>	Age <i>48</i>	Years	Months
	Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Harre</i>		
	Occupation <i>None</i>		Where Residing if not at place of death <i>-</i>				
	Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>				
	Father's Name <i>William A Bailey</i>				Father's Birthplace <i>Harre de Grace</i>		
	Mother's Maiden Name <i>Phoebe Bailey</i>				Mother's Birthplace <i>" " "</i>		
Name of person giving information <i>W. C. Bailey</i>				How related to deceased <i>Brother</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Arterio Sclerosis</i>				How long <i>Several Years</i>		
	Immediate <i>General weakness</i>				How long <i>2 or 3 months</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>				Signature of Physician <i>R. H. Smith</i>		
					Address <i>Harre de Grace Md</i>		
Accident or Suicide?							



Name in Full

Certificate of Death

Emanuel Porter Baldwin

Town

County

Died at Harrods de Grace

Harford

MARYLAND

Date 1906 Feb 12

Age

Y.

M.

D.

Native of

Occupation

2

3

Harford Co

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

Husband of

Wife

Father's Name

James Baldwin

Mother's Maiden Name

Lille Ricketts

Cause of

Primary

Indigestion

Death

Immediate

Marasmus

105

How long sick

Entire 2 months

Accident, Suicide, Homicide

Reported by

A. Croshaw

Address

Harrods de Grace

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Francis Cordelia Barnes

CERTIFICATE OF DEATH

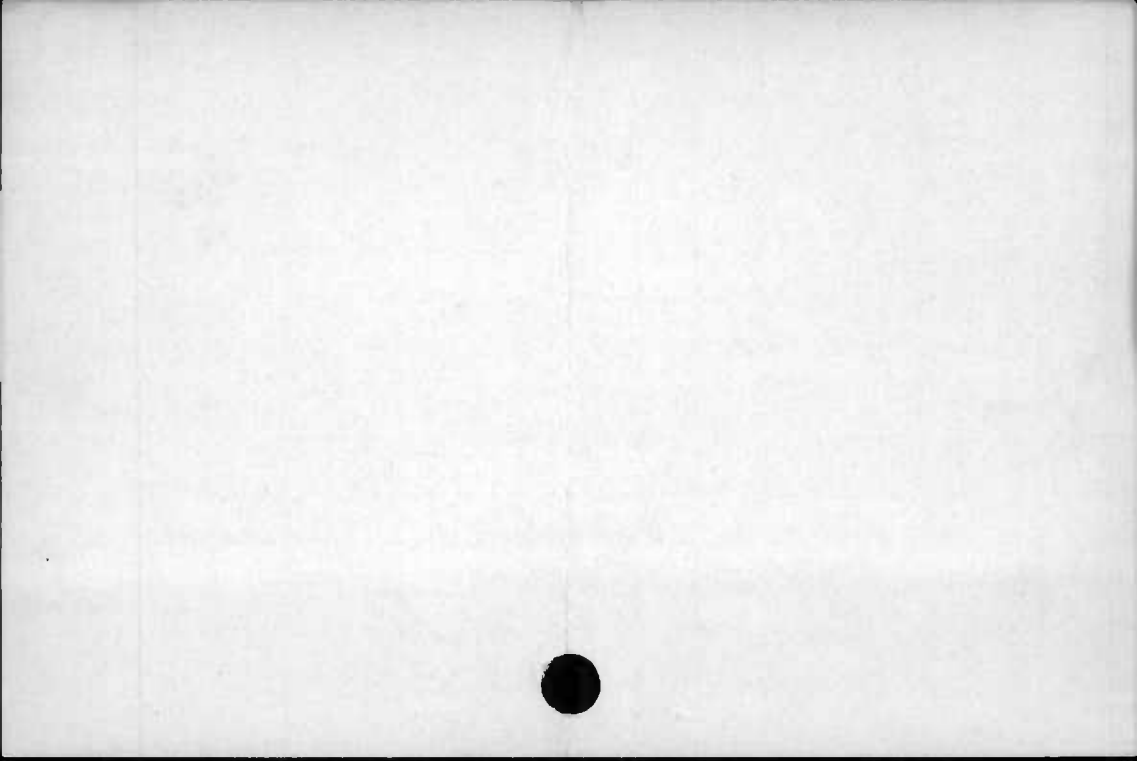
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Webster</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death <i>1906 Feb.</i>		Day <i>21</i>	Years <i>63</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Harford Co.</i>		
Occupation <i>House work</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Richard Barnes</i>		Father's Birthplace <i>Harford Co.</i>			
Mother's Maiden Name <i>Susan Astor</i>		Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Wm. H. Barnes</i>		How related to deceased <i>Brother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Bronchitis</i>	How long <i>about 10 days</i>
Immediate	How long <i>(90)</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. W. Smith</i>
	Address <i>Waverly Grove Md.</i>
Accident or Suicide? <i>—</i>	



Name in Full

Certificate of Death

Mrs. Margaret Webster Bissell -

Died at ^{Town} Deer Creek ^{County} Harford MARYLANDDate 1906 ^{Month} 2 - ^{Day} 12 ^{Y.} ^{M.} ^{D.} ^{Native of} Md. ^{Occupation} ✓~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

7

~~Husband~~ of

Wife

Father's

Name

Cause of

Death

Primary

Immediate

Mother's

Maiden Name

How long sick

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

William R. Bissell -

Jno. A. Webster

Rachel Briggs

Acute Bronchitis -

few days -

Heart Failure

90

W. J. Gorsuch, M. D. -

Pleunchville, Md. -



Name
in
Full

Elizabeth - Bond.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Mill - Green ^{County} Harford ^{State} MARYLAND

Date of death 13th 1906 ^{Month} Feb'y. ^{Day} Tuesday ^{Age} Years ^{Months} 6 ^{Days}

Sex Female ^{Color or Race} colored ^{Birth-place} Mill - Green

~~Occupation~~ ^{Where Residing if not at place of death}

^{Married, Single or Widowed} ^{Name of Wife or Husband}

Father's Name Frank Bond. ^{Father's Birthplace}

Mother's Maiden Name Eleanor Bond. ^{Mother's Birthplace}

Name of person giving information Nelson Scarborough. ^{How related to deceased}

CAUSES OF DEATH

PHYSICIAN
OR CORONER

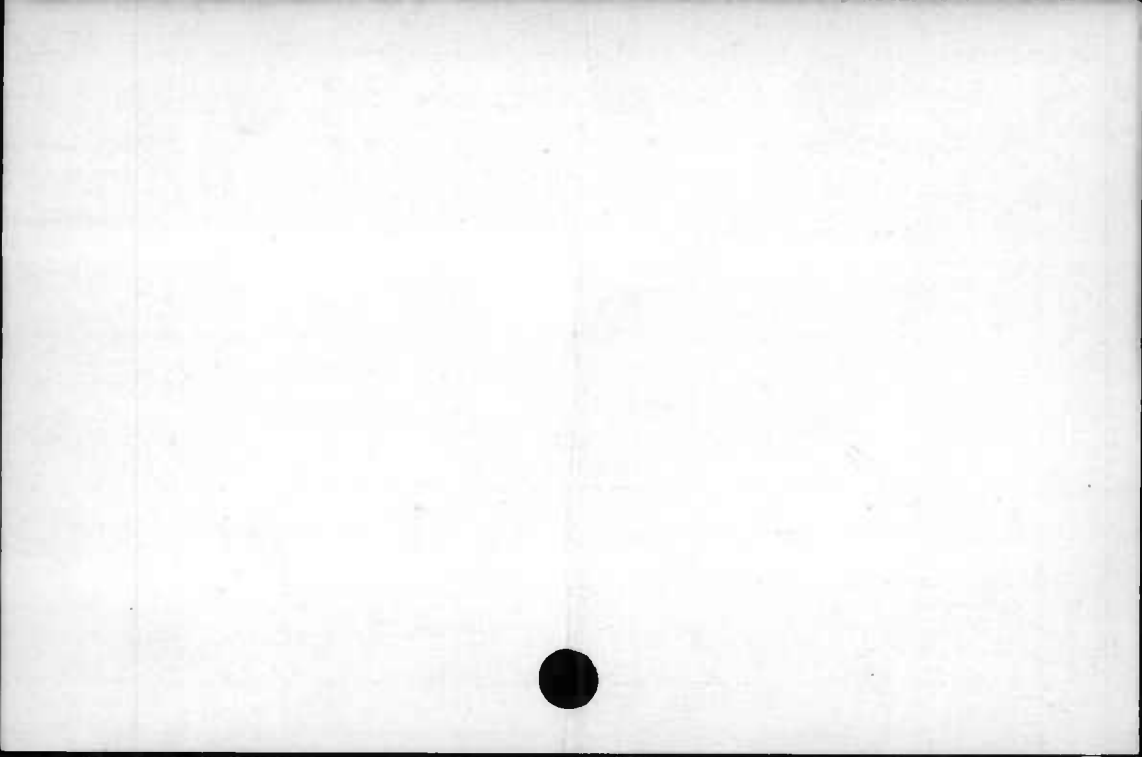
Primary Pneumonia (93) ^{How long} 6 weeks

Immediate " " ^{How long} "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician D. W. Arthur ^{Address} Cardiff Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

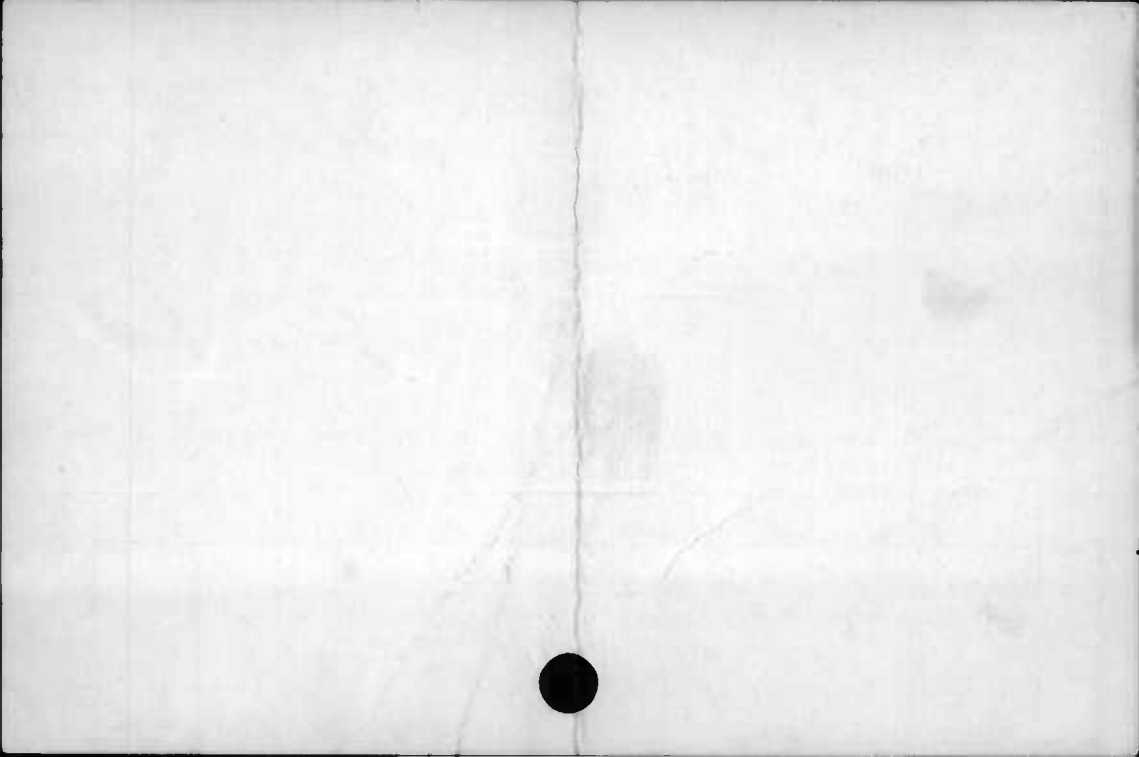
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Garlton		County Harford		MARYLAND	
Date of death		1906	Month Feb	Day 3	Age 22	Years 1	Months 15
Sex male		Color or Race white		Birth- place Harford Co.			
Occupation farmer		Where Residing if not at place of death Garlton					
Married, Single or Widowed married		Name of Wife or Husband Violet Whitney Bonman					
Father's Name George H. Bonman		Father's Birthplace Harford Co.					
Mother's Maiden Name Harriet Evans		Mother's Birthplace Harford Co.					
Name of person giving In formation Wm. E. Brining		How related to deceased Aunt					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Diphtheria	How long About 3 weeks
Immediate Heart Paralysis	How long Few moments
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician R. G. Smith
	Address House de Grace Md
Accident or Suicide?	



Name
in
Full

Wilson McKinley Bradford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Buckley</i> <small>Town</small>		<i>Harford</i> <small>County</small>		MARYLAND	
Date of death <i>190</i>	<i>7</i> <small>Month</small>	<i>18th</i> <small>Day</small>	<i>9</i> <small>Years</small>	<i>5</i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>male</i>	Color or Race <i>col'd</i>		Birth-place <i>Darlington Md</i>		
Occupation <i></i>			Where Residing if not at place of death <i></i>		
Married, Single or Widowed <i></i>			Name of Wife or Husband <i></i>		
Father's Name <i>Joseph Bradford</i>			Father's Birthplace <i>Harford Co</i>		
Mother's Maiden Name <i>Eliza Spriggs</i>			Mother's Birthplace <i>Balta Co</i>		
Name of person giving information <i>Mother</i>			How related to deceased <i></i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever</i>	<i>(1)</i>	How long <i>4 weeks</i>
Immediate <i></i>		How long <i></i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i></i>	Address <i>Ephr Hopkine Md</i>
Accident or Suicide?		<i>Darlington Md</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rocks</i> Town		<i>Harford</i> County		MARYLAND	
Date of death 190 <i>6</i>	Month <i>Feb</i>	Day <i>19</i>	Age <i>—</i> years	Months <i>2</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Rocks</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Elmer Lee</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Gertrude Tracy</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>James Tracy</i>			How related to deceased <i>Uncle</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Infantile indigestion</i>	How long <i>about 2 weeks</i>
Immediate <i>Convulsions</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. F. Bradley</i>
	Address <i>Farmerville Ind</i>
Accident or Suicide? <i>—</i>	

Beirice North Bend

Name
in
Full

CERTIFICATE OF DEATH

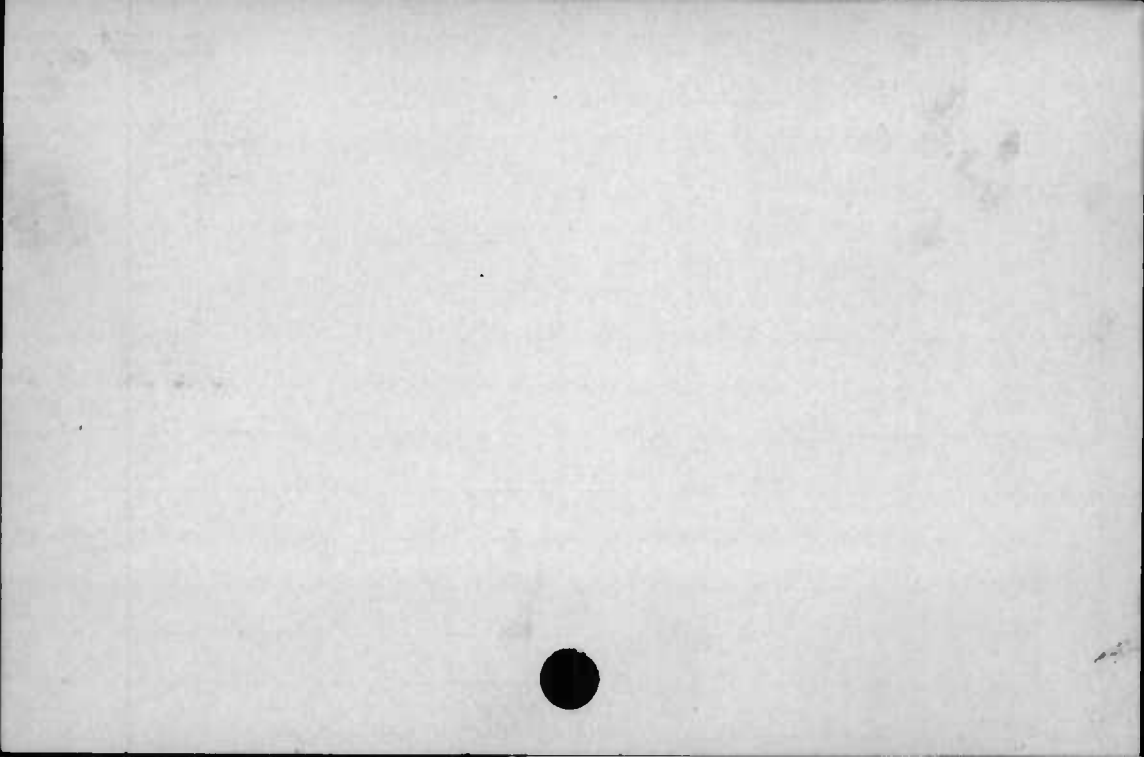
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Sophia Collins</i>		Town <i>Darlington</i>		County <i>Harford</i>		STATE <i>MARYLAND</i>	
Died at		Month <i>Feb</i>		Day <i>19</i>		Age <i>70</i>	
Date of death <i>1906</i>		Months —		Days —			
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Ma</i>			
Occupation <i>Housework</i>		Where Residing if not at place of death —					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>John Collins</i>					
Father's Name <i>Jarrett Hopkins</i>		Father's Birthplace <i>Ma</i>					
Mother's Maiden Name <i>Do not know</i>		Mother's Birthplace <i>Do not know</i>					
Name of person giving information <i>Wm. Dorsey</i>		How related to deceased <i>Son in law</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Rheumatism</i>	How long <i>30 yrs</i>
Immediate <i>Heart Failure</i>	How long <i>one day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. Kirk M.D.</i>
	Address <i>Darlington Ma</i>
Accident or Suicide? —	



Name
in
Full

Rachel Margaret Denbow

CERTIFICATE OF DEATH

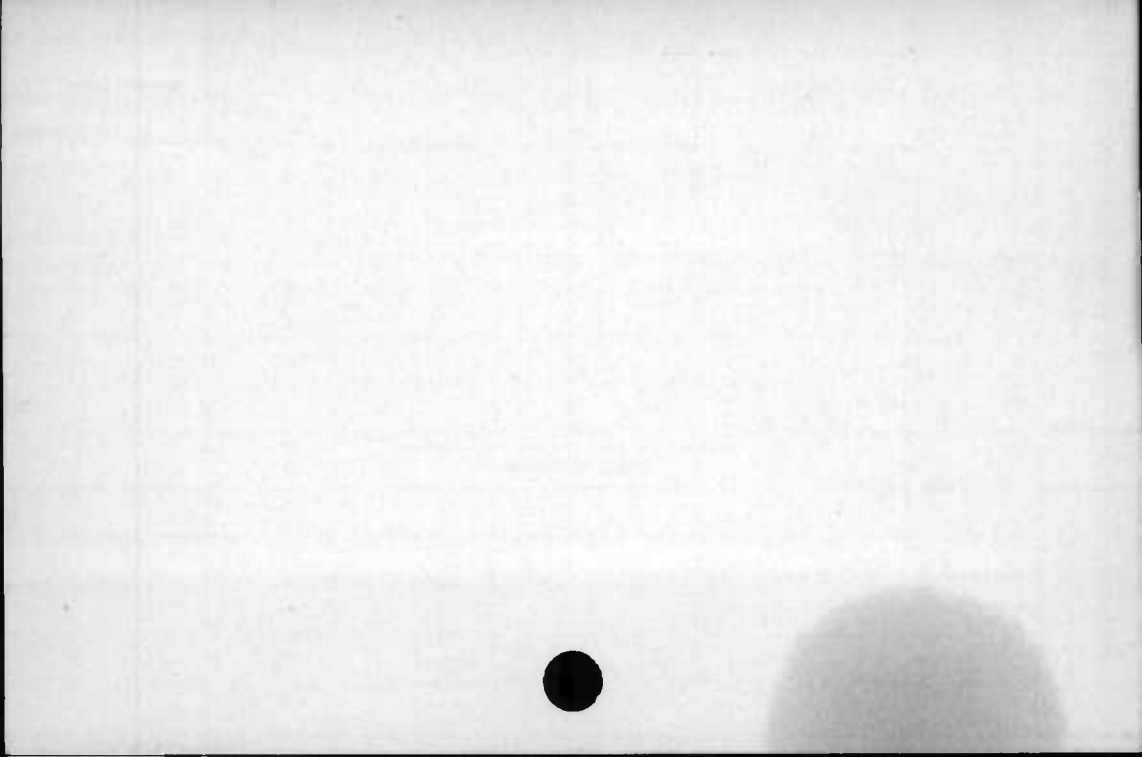
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Pleasantville</i>		Town <i>Harford</i>		County	
Date of death <i>1906</i>	Month <i>Feb</i>	Day <i>23</i>	Year <i>1906</i>	Age <i>75</i>	Months <i>11</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>Germany</i>		
Occupation <i>Housekeeping</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Thomas A Denbow</i>				
Father's Name <i>Hildt</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Margarett A Miller</i>	Mother's Birthplace <i>...</i>				
Name of person giving information <i>Mary A Alexander</i>	How related to deceased <i>Daughter</i>				

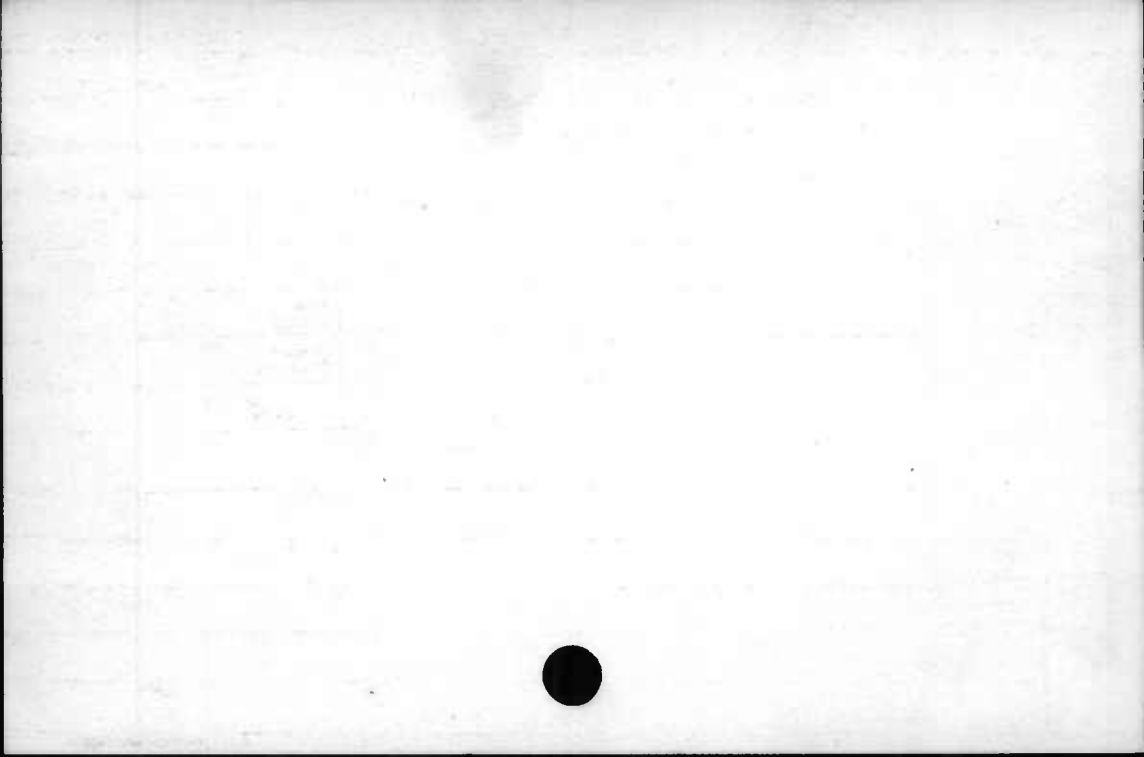
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Broncho Pneumonia</i>	How long <i>about 2 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. F. Bradley</i>
	Address <i>Garrettsville</i>
Accident or Suicide? <i>—</i>	<i>Ind.</i>



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Havre de Grace</i>		Town <i>Eckert (Md)</i>		County <i>Harford</i>
	Date of death <i>1906</i>		Month <i>2</i>	Day <i>2</i>	Age
	Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Havre de Grace</i>
	Occupation <i>Infant</i>		Where Residing if not at place of death <i>Same</i>		
	Married, Single or Widowed <i>Single</i>		Name of Wife or Husband		
	Father's Name			Father's Birthplace	
	Mother's Maiden Name <i>Bessie Eckert</i>			Mother's Birthplace <i>Penn</i>	
Name of person giving information <i>Edg. Eckert</i>			How related to deceased <i>Grandfather</i>		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Premature birth</i>		How long <i>(15)</i>		
	Immediate <i>Exhaustion</i>		How long		
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. L. Hopkins</i>		
			Address <i>Havre de Grace Md</i>		
Accident or Suicide?					



Name
in
Full

Patrick F. Farrell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Aberdeen</i>		Town		<i>Harford</i>		County		MARYLAND	
Date of death <i>1906</i>		Month <i>Feb</i>		Day <i>11</i>		Age <i>44</i>		Years Months Days	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Chesapeake Md</i>					
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Swan Creek</i>							
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband							
Father's Name <i>Dead</i>		Father's Birthplace							
Mother's Maiden Name <i>Kate Callahan</i>		Mother's Birthplace <i>Ireland</i>							
Name of person giving information <i>John J. Fahey</i>		(166)		How related to deceased					

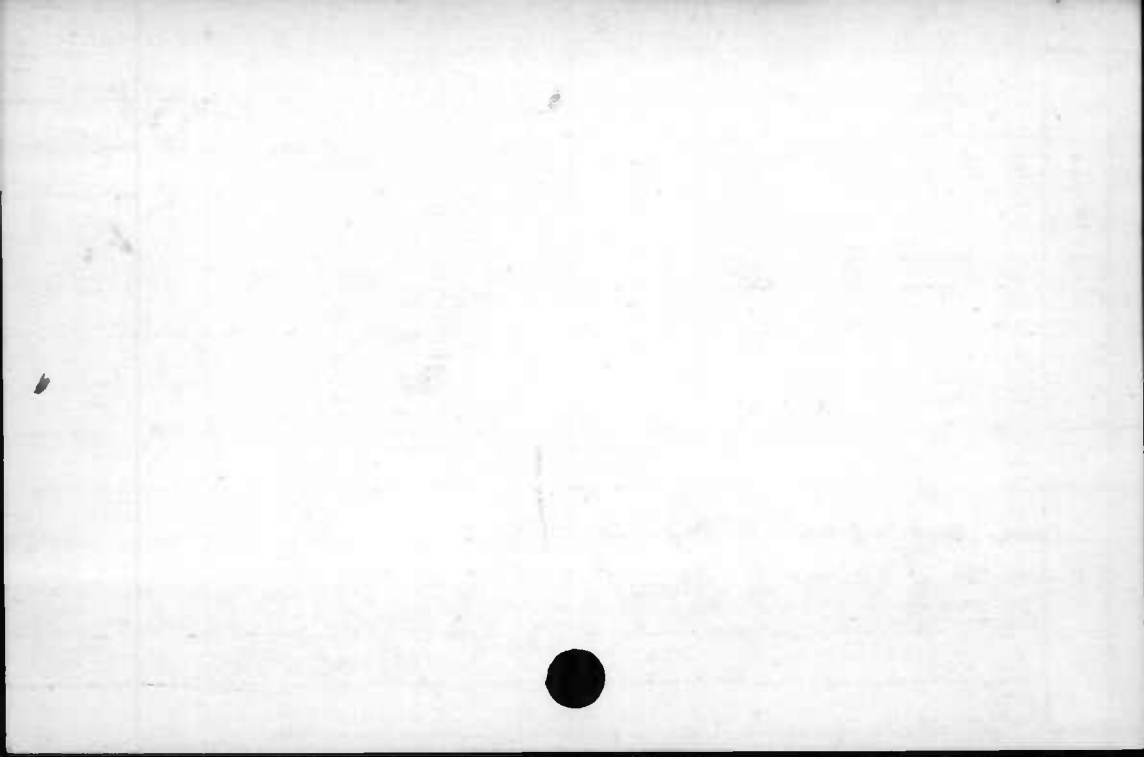
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Killed by Rail Road Train</i>	How long
Immediate	<i>Instantly</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>James J. Pritchard, Coroner</i>
		Address <i>Aberdeen Md</i>
Accident or Suicide? <i>Accident</i>		



Name in Full		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Whitford</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND		
	Date of death <i>1906</i>	Month <i>2</i>	Day <i>7</i>	Age <i>39</i> ^{Years}	Months	Days	
	Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>			
	Occupation <i>Laborer</i>			Where Residing if not at place of death <i>Ind</i>			
	Married, Single <i>or Widowed</i>		Name of Wife or Husband <i>Dollie Glasgow</i>				
	Father's Name <i>W. C. Glasgow</i>			Father's Birthplace <i>Ind</i>			
	Mother's Maiden Name <i>Rebecca Proctor</i>			Mother's Birthplace <i>Ind</i>			
	Name of person giving information <i>Walter Glasgow</i>			How related to deceased <i>Brother</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Cancer of intestine</i>			How long <i>2 yr. about</i>			
	Immediate <i>"</i>			How long <i>"</i>			
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>			Signature of Physician <i>R. W. Wanner Ramsay</i>			
				Address <i>Della Penna</i>			
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Highway* Town *Harper* CountyDate of death 1906 *Feb* Month *20* Day Age *84* Years Months DaysSex *Male* Color or Race *White* Birth-place *Forest Hill*Occupation *Farmer* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *Lizzie Maplin*Father's Name *Martin Maplin* Father's Birthplace *Ind*Mother's Maiden Name *Hannah Lee* Mother's Birthplace *Ind*Name of person giving information *W. L. W. Maplin* How related to deceased *Son*

CAUSES OF DEATH

Primary *Senile Debility* (154) How long —Immediate *Heart Failure* How long —Are the name, age, sex, color, date and place correctly given above? *I think so*

Signature of Physician

Address

E. H. Hall
Beaumont

Accident or Suicide?

PHYSICIAN
OR CORONER

Der Crack

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

William Hope

Town

County

Died at Taylor

Date

of death 1906

Month

Feb

Day

7

Age

Years

88

Months

Days

29

MARYLAND

Sex

Male

Color or
Race

White

Birth-
place

Taylor

Married, Single
or Widowed

Widower

Occupation

Farmer

Name of Wife or
Husband

Elizabeth Perock

Father's
Name

Thomas Hope

Father's
Birthplace

Taylor

Mother's
Maiden Name

Caroline Hutchins

Mother's
Birthplace

..

Name of person giving
in formation

Joe Amos

How related
to deceased

Niece

CAUSES OF DEATH

Primary

Old age

How long

Immediate

Paralysis

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

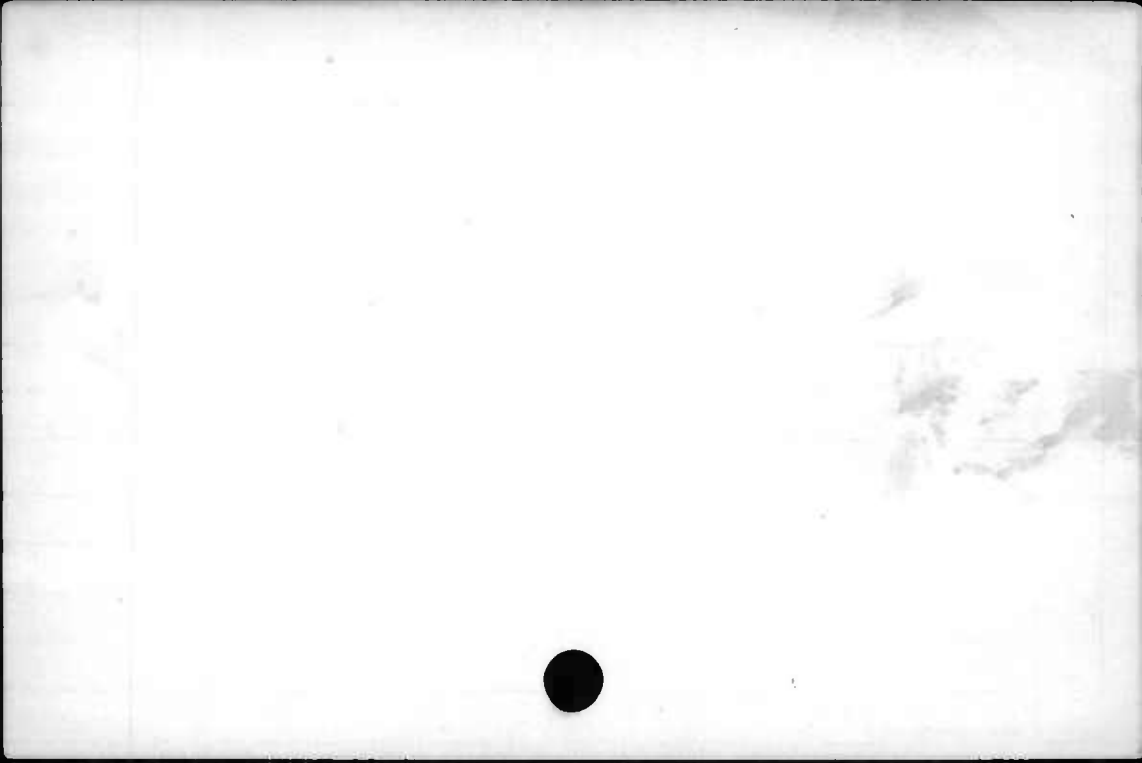
Martin A. Farrell

Address

Farrellville
Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

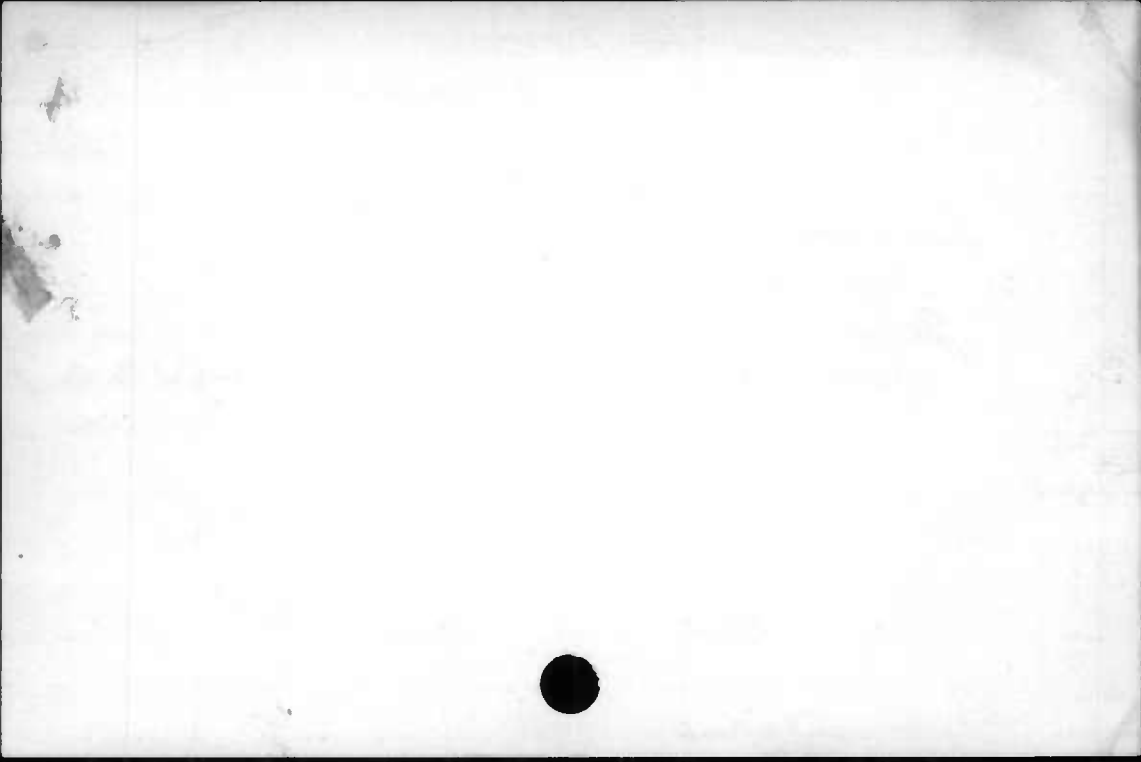
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Edward Johnson		Town Churchville		County Harford		State MARYLAND	
Died at Churchville		Date of death 1906		Month Feb		Day 23	
Age 73		Years 73		Months —		Days —	
Sex Male		Color or Race Black		Birth-place Churchville			
Occupation Farmer		Where Residing If not at place of death "					
Married, Single or Widowed		Name of Wife or Husband —					
Father's Name Shadarach Johnson		Father's Birthplace Ind					
Mother's Maiden Name Emily Cooper		Mother's Birthplace Ind					
Name of person giving information Nathan Johnson		How related to deceased Brother					

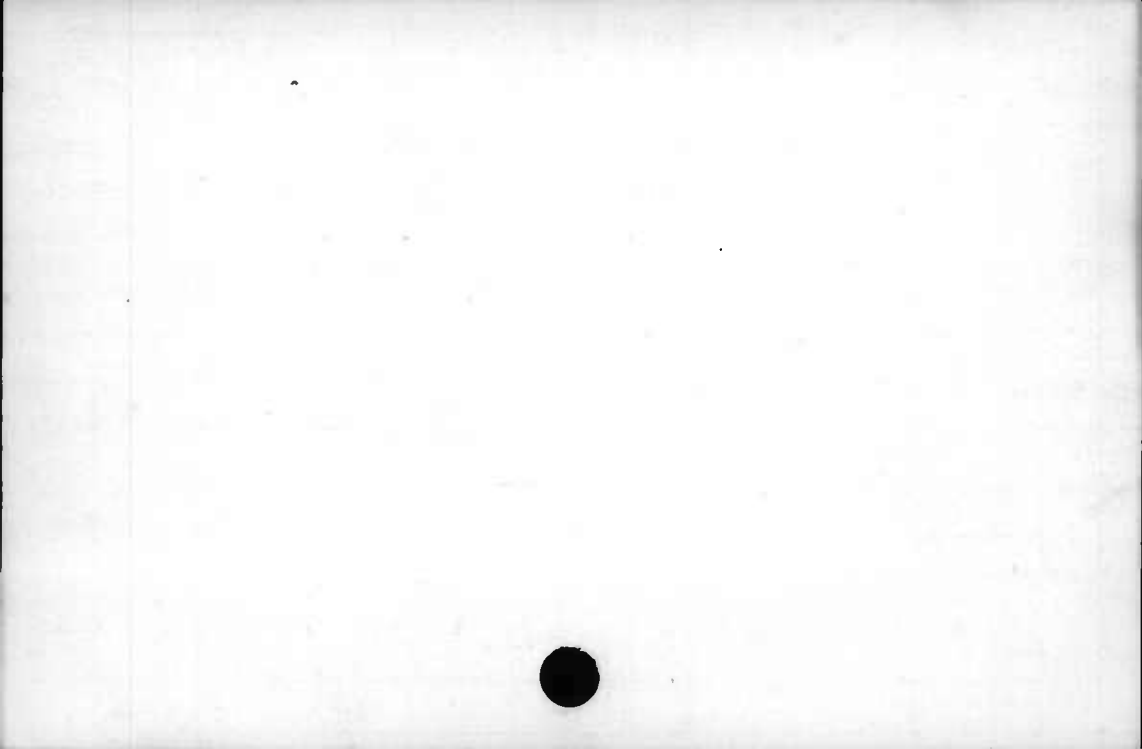
CAUSES OF DEATH

PHYSICIAN
OR CORONER

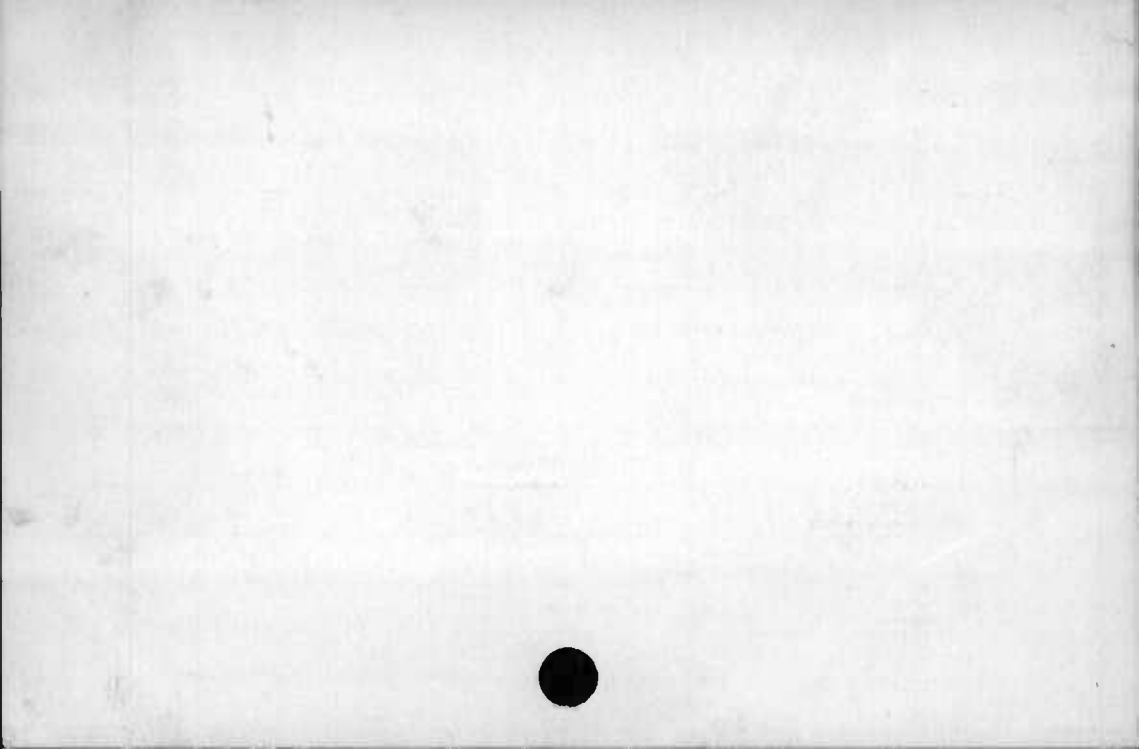
Primary Bronchial Atelectasis	How long 2 weeks
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician (97) W. H. Horne, M.D.
	Address Churchville, Md.
Accident or Suicide?	



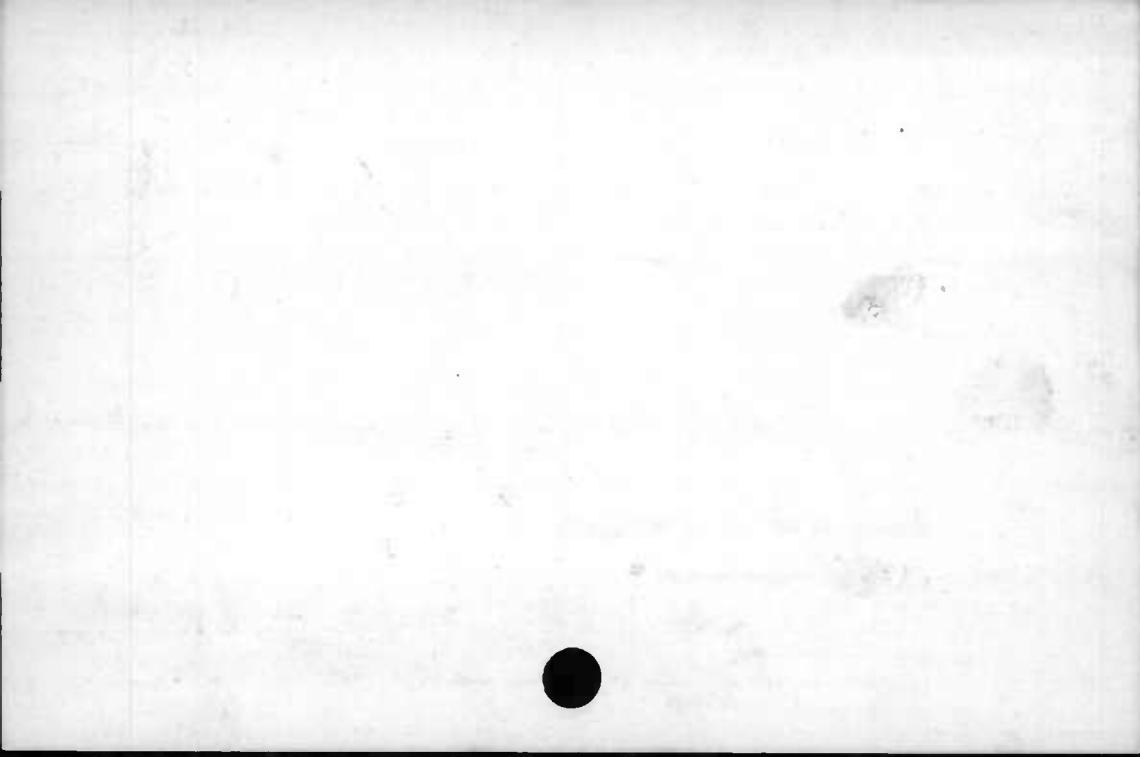
Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Benjamin H Jones</i> <i>Pylesville</i> <small>Town</small>		<i>Harford</i> <small>County</small>		MARYLAND
	Date of death <i>1906</i>	Month <i>Feb.</i>	Day <i>15</i>	Age <i>37</i> Years	Months <i>-</i> Days <i>8</i>
	Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>Whitford Ind.</i>	
	Occupation <i>Laborer</i>		Where Residing if not at place of death		
	Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Rebecca Jones</i>			
	Father's Name <i>John Jones</i>	Father's Birthplace <i>Whitford Ind.</i>			
	Mother's Maiden Name <i>Viola J. Wright</i>	Mother's Birthplace <i>Harford Co. Ind.</i>			
Name of person giving information <i>S. J. Jones</i>		How related to deceased <i>Brother</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Fractured Skull</i>		<i>(164)</i>		How long <i>12</i>
	Immediate				How long
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Charles W. Tammour</i>		
			Address <i>Stress Ind.</i>		
	Accident or Suicide? <i>Accident</i>				



Name in Full		Howard Kell				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Pleasantville		County Harford		MARYLAND
	Date of death	1906	Month February	Day 17 th	Age	16	Months 9 Days 8
	Sex	Male		Color or Race	Colored		Birth-place Maryland
	Occupation	Laborer		Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name					Father's Birthplace	
	Mother's Maiden Name	Amanda Kell				Mother's Birthplace	Maryland
Name of person giving information	Benj Green				How related to deceased	Uncle.	
<div>CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary	Tuberculosis				How long	One year
	Immediate	Heart failure				How long	Immediate
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	Oscar H McManus	
					Address	Janettsville Md.	
	Accident or Suicide?						



Name In Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Cardiff</i> Town		<i>Hartford</i> County		MARYLAND
	Date of death <i>1906</i>	Month <i>2</i>	Day <i>8</i>	Age Years	Months Days
	Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>	
	Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Ind</i>			
	Married, Single or Widowed	Name of Wife or Husband <i>John Sloya</i>			
	Father's Name	Father's Birthplace			
	Mother's Maiden Name	Mother's Birthplace			
Name of person giving information	<i>John Sloya</i> (10)			How related to deceased <i>Husband</i>	
	CAUSES OF DEATH				
PHYSICIAN OR CORONER	Primary	<i>Catarhal influenza & child birth</i>		How long	<i>2 Wks.</i>
	Immediate	<i>Prostration</i>		How long	
	Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>Richard P. Pansay</i>	
	Accident or Suicide?			Address <i>Delta Penn.</i>	



Name
in
Full

CERTIFICATE OF DEATH

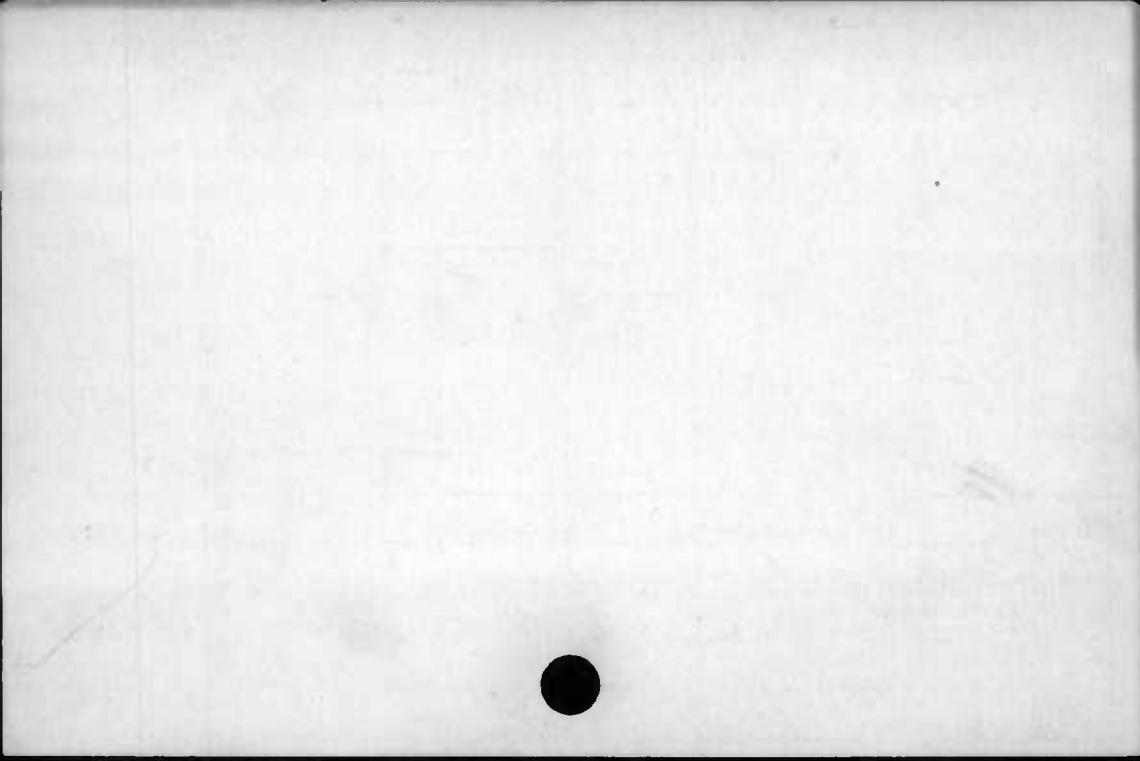
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Federal Hill</i> Town		<i>Harford</i> County		MARYLAND	
Date of death	<i>1906</i>	Month <i>Feb</i>	Day <i>3</i>	Years <i>74</i>	Months <i>2</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Age <i>74</i>		Birth-place <i>Pennsylvania</i>	Days <i>21</i>
Occupation <i>Housekeeping</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>William K. Lytle</i>				
Father's Name <i>Mathew Clark</i>	Father's Birthplace <i>Baltimore Md</i>				
Mother's Maiden Name <i>Mary Mullen</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Laura Lytle</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bright's Disease</i>	How long <i>13 months</i>
Immediate <i>Uremia</i>	How long <i>6 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Hugh F. Bradley</i>
	Address <i>Garrettsville Ind</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

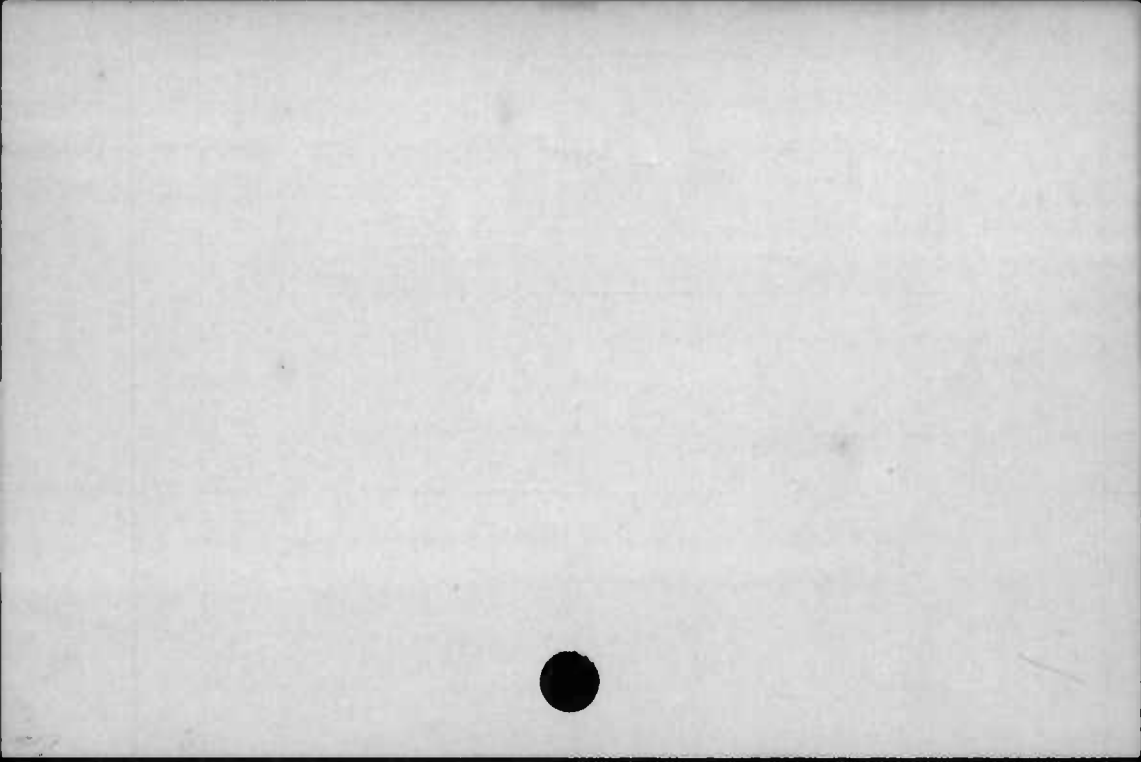
MARYLAND

John H. Presberg
 Died at Pooe Town Harford County
 Date of death 1906 Feb. 12th Age 52 Months Days
 Sex Male Color or Race Colored Birth-place Harford Co.
 Occupation Laborer Where Residing if not at place of death
 Married, Single or Widowed Married Name of Wife or Husband Sarah Presberg
 Father's Name Geo. Washington Presberg Father's Birthplace Harford Co.
 Mother's Maiden Name Elizabeth Ganley Mother's Birthplace " "
 Name of person giving information Hazzard Presberg How related to deceased Brother

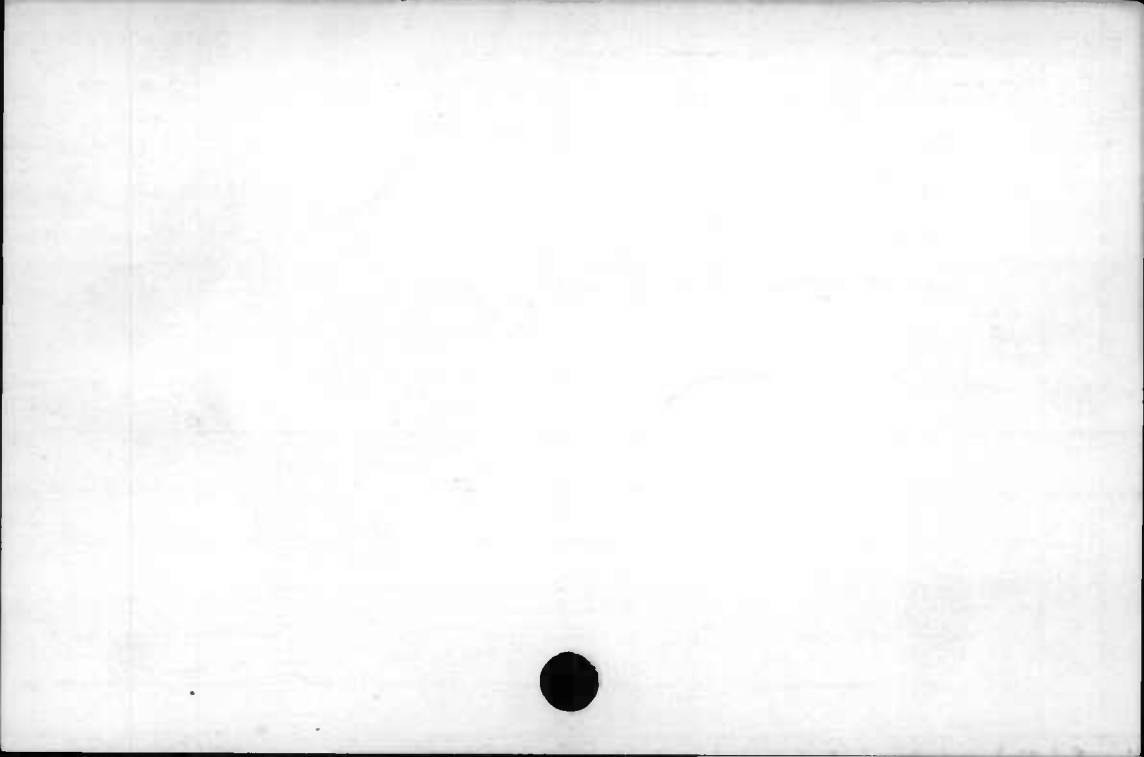
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary How long 27
 Immediate Pulmonary Tuberculosis How long Don't know
 Are the name, age, sex, color, date and place correctly given above? (Yes) Signature of Physician J. H. Tobias,
 Address Easttown Md.
 Accident or Suicide?



Name in Full		Rachel Anna Purcell				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at Belair		County Harford County		MARYLAND		
		Date of death	1906	Month Feb.	Day 24	Years 19	Months	Days 27
		Sex Female	Color or Race white		Birth- place Forest Hill			
		Occupation		Where Residing if not at place of death				
		Married, Single or Widowed	Single	Name of Wife or Husband				
		Father's Name	Martin J. Purcell			Father's Birthplace	New York	
Mother's Maiden Name	Hettie Harkins			Mother's Birthplace	Forest Hill			
Name of person giving Information	H. Herman Purcell			How related to deceased	Brother			
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary Inflammatory Rheumatism			How long			
		Endo. Carditis			How long			
		Are the name, age, sex, color, date and place correctly given above?			Signature of Physician			
					Address			
		Dr Chas. Richardson			Bel air Md.			
		Accident or Suicide?						



Name
in
Full

CERTIFICATE OF DEATH

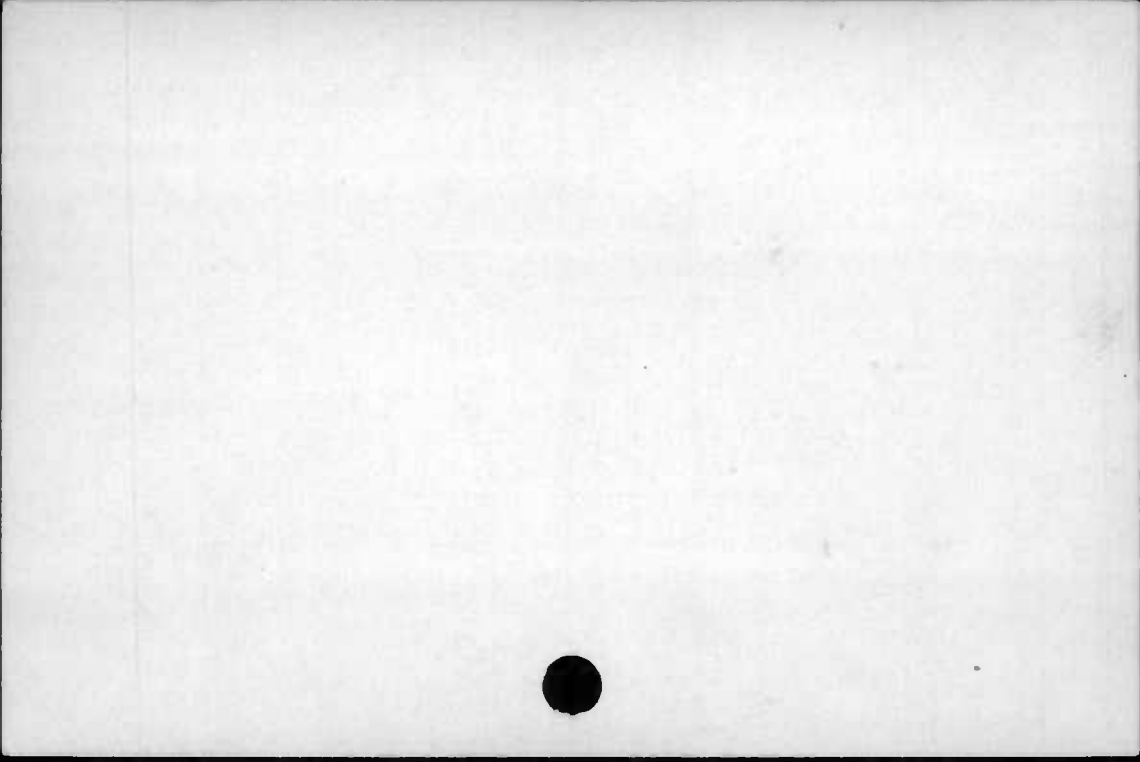
TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Pylesville, Md.,* *Harford* CountyDate of death *1906* *Feb* *28* *19* *9* *20*Sex *Female* Color or Race *White* Birth-place *Pylesville, Md.*Occupation *Helping at sea home* Where Residing if not at place of death *—*Married, Single or Widowed *Single* Name of Wife or Husband *—*Father's Name *Martin W. Pyle* Father's Birthplace *Harford Co. Md.*Mother's Maiden Name *P. A. Seabury* Mother's Birthplace *Harford Co. Md.*Name of person giving information *Martin W. Pyle* How related to deceased *Father*

CAUSES OF DEATH

Primary *Pulmonary Tuberculosis* *2 1/2* How long *1 year*Immediate *Pulmonary Tuberculosis* How long *1 year*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Nellie Hawkins*Address *Dawn Group. P.*Accident or Suicide? *—*



Name in Full		MAY CATHERINE RUFF				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Bel Air		County Harford		MARYLAND	
	Date of death		1906	Month 2	Day 12	Age 72	Years	Months Days
	Sex		Female		Color or Race		Black	
	Occupation				Birth- place		Maryland	
					Where Residing if not at place of death			
	Married, Single or Widowed				Name of Wife or Husband		Wm Asbury Ruff	
	Father's Name		Joshua Barnes		Father's Birthplace		Md.	
Mother's Maiden Name		Betsey Barnes		Mother's Birthplace		Md.		
Name of person giving In formation		Richard Ruff		How related to deceased		Son.		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Paralysis		(U)	How long		?
	Immediate		Exhaustion			How long		
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Russell H. Gentry	
					Address			
Accident or Suicide?								

Hanson Hill, Burial

Name
in
Full

James L Russell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Constitution</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death	1906	Month	February	Day	17th
Age		70	Years	6	Months
Sex		Male	Color or Race	White	Birth-place
Occupation		Farmer	Where Residing if not at place of death		
Married, Single or Widowed		Married	Name of Wife or Husband		
Father's Name		John Russell	Father's Birthplace		
Mother's Maiden Name		A. Russell	Mother's Birthplace		
Name of person giving information		Wm. Y. Russell	How related to deceased		
			Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>Two Years</i>
Immediate	<i>_____</i>	How long	<i>_____</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		<i>Thos. B. Hayward M.D.</i>	
<i>Pylesville</i>		Address	
<i>_____</i>		<i>Harford Co. Md.</i>	
Accident or Suicide?		<i>_____</i>	

Bank Run Mr E. H. H.

Name
in
Full

Charlotte E. Sealor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Whitford^{County} HarfordDate
of death 1906

Month

2

Day

26

Age

Years

10

Months

1

Days

15

Sex

Female

Color or
Race

White

Birth-
place

Md.

Occupation

Where Residing if not
at place of death

Md.

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Joseph Sealor

Father's
Birthplace

York Co. Pa

Mother's
Maiden Name

Mary Campbell

Mother's
BirthplaceName of person giving
In formation

Joseph Sealor

How related
to deceased

Father

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

A. Steward

Address

Delta Pa.

Accident or Suicide?

Feb. 28th

at Slateville

Name in Full

Certificate of Death

Sophia Jane Smith

Town

County

Died at

MARYLAND

Data 19

06	Month	Day	Y.	M.	D.	Native of	Occupation
	2	13	45			Harford Co	Cook

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

Colorad

Single

~~Widower~~

Number of children living

Husband
of

Wife

Father's
Name

Jacob Smith

Mother's
Maiden Name

Hannah

Smith

Cause of

Primary Mitral Valve Disease

Death

Immediate Heart Failure

How long sick

Accident, Suicide, Homicide

Reported by

J.H. Kennedy M.D.

Address

Aberdeen Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Charles Le Roy Spencer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town}Boothy Hill^{County}HarfordDate of death 1906 ^{Month}July^{Day}10Age ^{Years}8^{Months}9^{Days}7

Sex Male

Color or Race Colored

Birth-place Harford Co.

Occupation School Child

Where Residing if not at place of death

Married, Single or Widowed Single

Name of Wife or Husband

Father's Name Charles Spencer

Father's Birthplace Harford Co. Md.

Mother's Maiden Name Jane Cole

Mother's Birthplace " " "

Name of person giving information Charles Spencer

How related to deceased Father

CAUSES OF DEATH

Primary Consumption

How long one year

Immediate Convulsions

How long one day

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Chas. H. Kuite

Address

Abundance

Md.

Accident or Suicide?



Name
in
Full

Howard H Street

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Chrome Hill		County Harford		MARYLAND	
Date of death	1906	Month February	Day 19 th	Age 64	Years 64	Months 3	Days 7
Sex	Male		Color or Race	White		Birth- place	Harford Co Md
Occupation	Farmer			Where Residing If not at place of death			
Married, Single or Widowed	married		Name of Wife or Husband	Jane E Street			
Father's Name	Corbin E Street				Father's Birthplace	Maryland	
Mother's Maiden Name	Annie Street				Mother's Birthplace	" "	
Name of person giving In formation	Coleman Street				How related to deceased	Son	

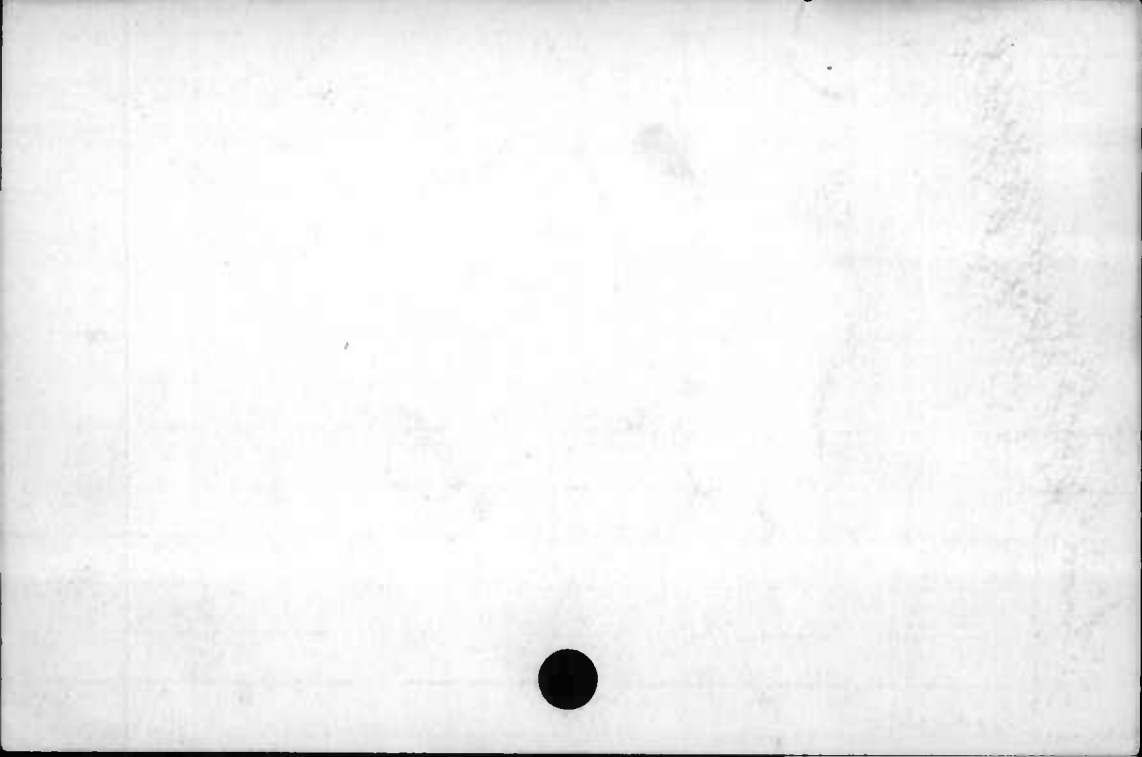
CAUSES OF DEATH

PHYSICIAN
OR CORONER

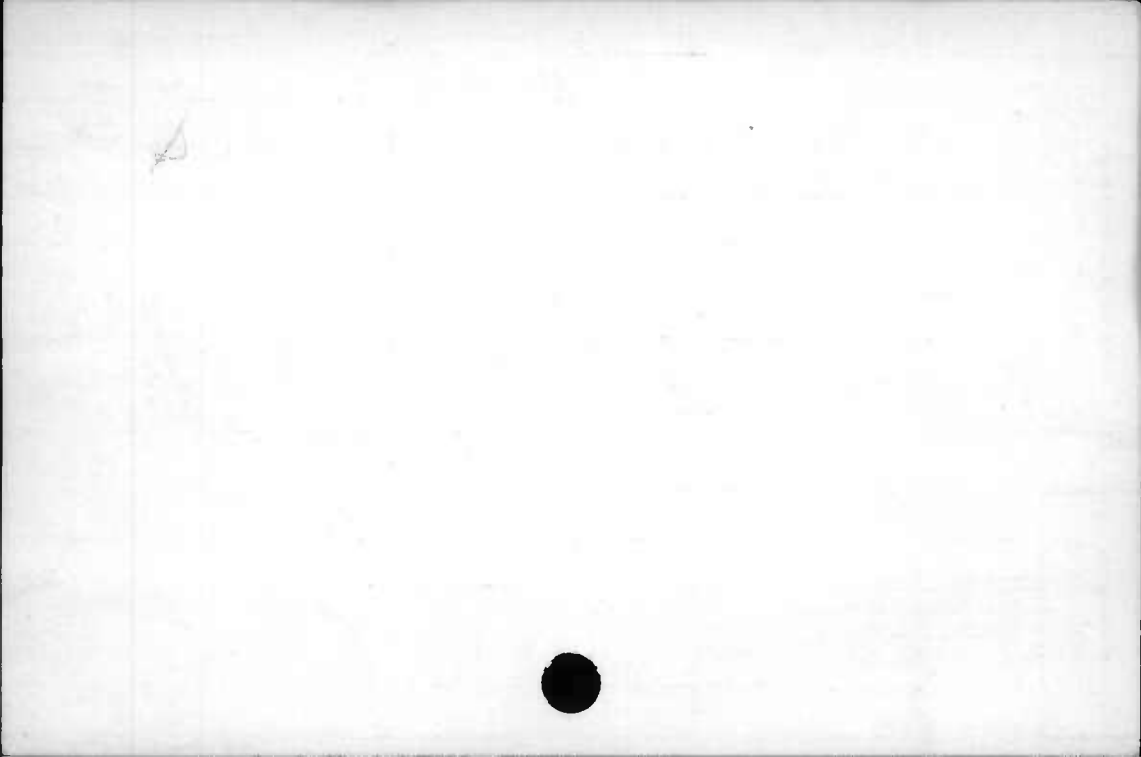
Primary	Chronic Diffuse Nephritis		How long	2 years -
Immediate	Apoplexy		How long	(64)
Are the name, age, sex, color, date and place correctly given above?		yes		
Signature of Physician		Oscar H McNewman		
Address		Jarrettsville Md.		
Accident or Suicide?				



Name in Full		CERTIFICATE OF DEATH			
Catherine D Taylor		Town		County	
Died at Carea		Harford		MARYLAND	
Date of death 1906		Month 2nd	Day 5th	Age 82	Months
Sex Female		Color or Race White		Birth-place Yorked Pa	
Married, Single or Widowed		Married		Occupation	
Name of Wife or Husband		John Taylor			
Father's Name		John Bore		Father's Birthplace Pa	
Mother's Maiden Name		Margaret Mash		Mother's Birthplace Pa	
Name of person giving information		Joseph W Taylor		How related to deceased	
CAUSES OF DEATH					
Primary		Old age		How long	
Immediate		Syncope		How long	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	
				Address	
Accident or Suicide?		154 E. M. Free Superior Pennsylvania			



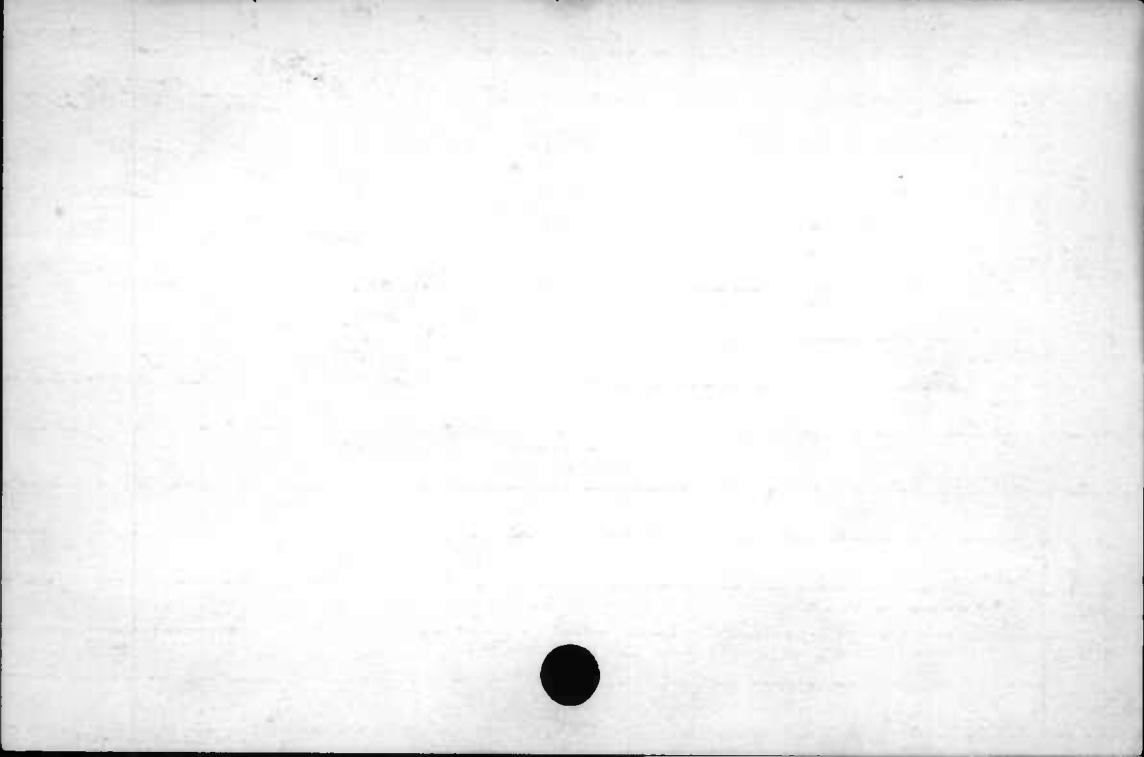
Name In Full		Sarah Ann Thomas				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Near West Branch		County Harford		MARYLAND	
	Date of death 1906		Month July		Day 28		Age 80	
	Sex female		Color or Race white		Birth-place Harford Md			
	Occupation		Where Residing if not at place of death					
	Married, Single or Widowed		Name of Wife or Husband					
	Father's Name Moses Thomas		Father's Birthplace					
	Mother's Maiden Name Elizabeth McHardy		Mother's Birthplace					
Name of person giving information Mrs. Lamborn		How related to deceased Daughter						
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Old age		How long		Long	
	Immediate		Heart failure		How long		Long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Dr. W. A. Thomas	
					Address		Barren, Md	
Accident or Suicide?		No						



Name in Full Charles Edward Ward		CERTIFICATE OF DEATH	
Died at Havre-de-grace ^{Town}		Harford ^{County}	
Date of death 1906 Feb 26		Age 70	
Sex man		Color or Race white	
Occupation farmer		Where Residing if not at place of death Havre-de-grace	
Married, Single or Widowed widower		Name of Wife or Husband Elizabeth Ward	
Father's Name Charles Edward Ward		Father's Birthplace Dublin	
Mother's Maiden Name Elizabeth White		Mother's Birthplace Baltimore	
Name of person giving information George E Ward		How related to deceased Son	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary Septicemia	How long 6 weeks
	Immediate	How long
	Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician R. H. Smith
		Address Havre de Grace Md
Accident or Suicide?		



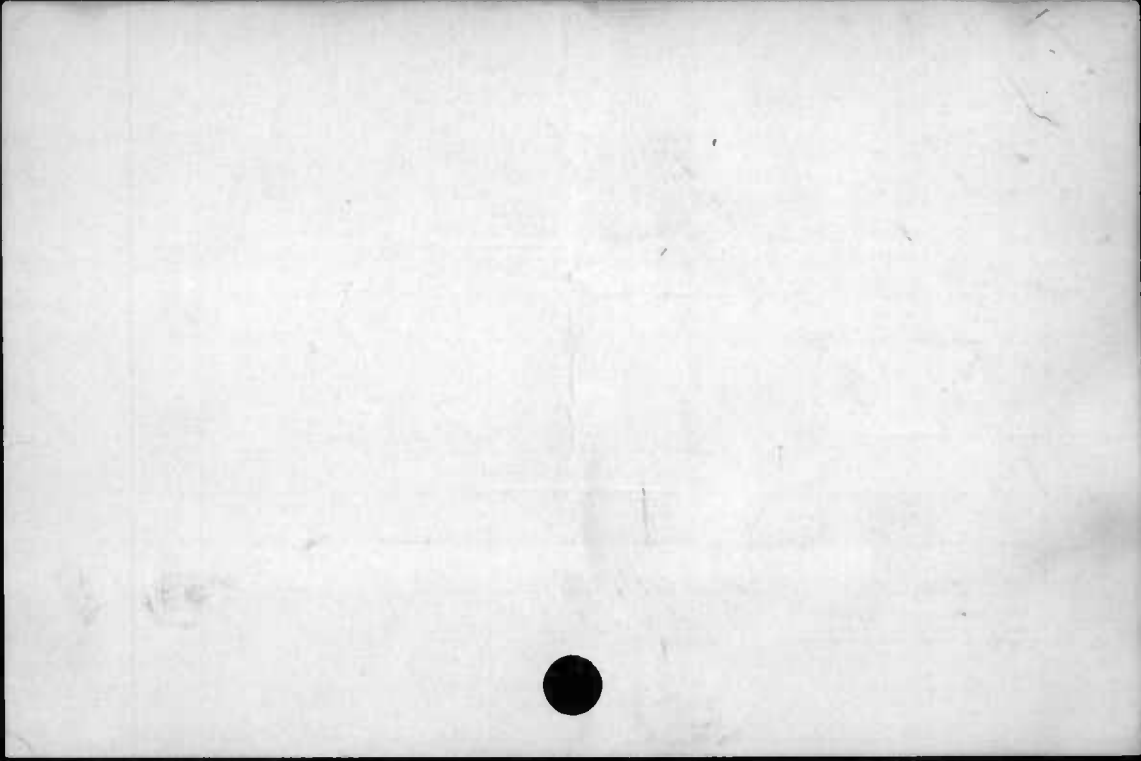
Name
in
Full

CERTIFICATE OF DEATH

Name in Full <i>Sophia Webster</i>		Town <i>Creswell</i>		County <i>St. Charles</i>		MARYLAND	
Died at <i>Creswell</i>		Month <i>July</i>		Day <i>13</i>		Age <i>68</i>	
Date of death <i>190</i>		Months		Days			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth place <i>MD</i>			
Occupation <i>—</i>		Where Residing If not at place of death <i>Home</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Richard E. Webster</i>					
Father's Name <i>Sam B. Morris</i>		Father's Birthplace <i>MD</i>					
Mother's Maiden Name <i>Sophia Morris</i>		Mother's Birthplace <i>MD</i>					
Name of person giving information <i>Miss Sophia Webster</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Acute Indigestion</i>	How long <i>24 hours</i>
	Immediate <i>Heart Failure</i>	How long <i>Instant</i>
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. A. Callahan</i>
	Address <i>Creswell MD</i>	
Accident or Suicide? <i>No</i>		



Name
in
Full

Hall Whitcomb

CERTIFICATE OF DEATH

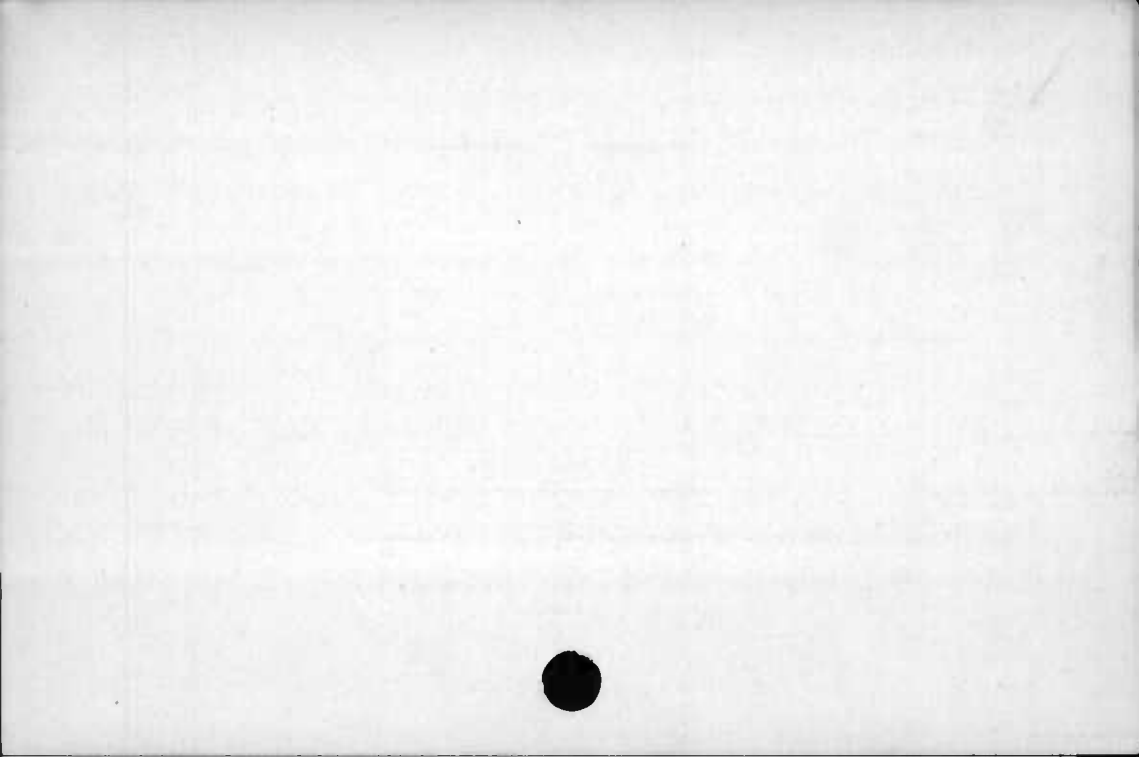
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cabwary</i> ^{Town}		<i>Heard</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	<i>Feb</i> ^{Month}	<i>19</i> ^{Day}	Age <i>1</i> ^{Years}	<i>7</i> ^{Months}	<i>14</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
<input checked="" type="checkbox"/> Married, Single or Widowed			Name of Wife or Husband <i>—</i>		
Father's Name <i>Samuel Whitcomb</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Fannie Preston</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Samuel Whitcomb</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia & Abscess brain</i>	How long <i>2 weeks</i>
Immediate <i>Septic Intoxication & heart failure</i>	How long <i>3 or 4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. A. Callahan</i>
	Address <i>Orewell Md</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Gnam. Williams

CERTIFICATE OF DEATH

Died at <u>Cardiff</u> Town		<u>Harford</u> County		MARYLAND	
Date of death	1906	Month	2	Day	21
Sex <u>Female</u>		Color or Race <u>White</u>		Age	7
Occupation		Where Residing if not at place of death		Months	Days
Birth-place		Md.			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<u>Caleb. E. Williams</u>		Father's Birthplace	<u>Pa</u>
Mother's Maiden Name		<u>Mary Williams</u>		Mother's Birthplace	<u>Md</u>
Name of person giving information		<u>Caleb. Williams</u>		How related to deceased	<u>Father</u>

CAUSES OF DEATH

Primary	<u>catarrh of liver</u>	How long	<u>6 weeks</u>
Immediate	<u>Hemorrhage</u>	How long	<u>2nd days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>J. B. Arthur</u>	
Address		<u>11-E Arthur Md</u>	
Accident or Suicide?			

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Georgetown</i> <small>Town</small>		<i>Harford</i> <small>County</small>		MARYLAND
	Date of death <i>1906</i> <small>Month</small> <i>Feb 8</i> <small>Day</small> <i>9-28 AM</i> <small>Age</small> <i>11</i> <small>Months</small> <i>18</i> <small>Days</small>				
	Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Harford Co Md</i>
	Occupation _____		Where Residing if not at place of death _____		
	Married, Single or Widowed _____		Name of Wife or Husband _____		
	Father's Name <i>John Young Jr</i>		Father's Birthplace <i>Baltimore Co Md</i>		
	Mother's Maiden Name <i>Mary Alice Durham</i>		Mother's Birthplace <i>Harford Co Md</i>		
PHYSICIAN OR CORONER	Name of person giving information <i>M A Young</i>		How related to deceased <i>Brother</i>		
	CAUSES OF DEATH				
	Primary <i>Bronchitis</i>		How long <i>2 weeks</i>		
	Immediate <i>Capillary Bronchitis</i>		How long <i>1 week</i>		
PHYSICIAN OR CORONER	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. F. Bradley</i>		
			Address <i>Janettsville</i>		
	Accident or Suicide? _____		<i>Md.</i>		

